### a. PAYMENT CLAUSES

(Check one: If b or c a insert name address and telephone number)

### 2. (X) DFAFS

Payments under this award will be made available through the DHHS payment Management System (PMS). PMS is administered by the Federal Assistance Financing Branch (FAFB), Office of the Deputy Assistant Secretary, Finance which will forward instructions for obtaining payments. Inquires regarding payment should be directed to:

Director, Division of Payment Management
Post Office Box 6021
Rockville, Maryland 20852-0605

Telephone No. (301) 443-1660

### 2. CENTRAL REGISTRY SYSTEmE NTILITY IDENTIFICATION NUMBER (CRS/EIN)

[Redacted]

### 3. DOCUMENT NUMBER

1905MOPACT

### 4. FISCAL YEAR, CAN AND AMOUNT OF THIS AWARD/ACTION

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>CAN</th>
<th>Amount of Award/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2019</td>
<td>95990410</td>
<td>$275,548</td>
</tr>
</tbody>
</table>

**IMPACT Award**
Period 10/1/2018 through 09/30/19

**IMPORTANT: SEE REMARKS BELOW**

Total Amount of This Award $275,548

### 5. CARRY-OVER BALANCE/UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
</table>

### 6. SPECIAL EXPENDITURE REPORTING REQUIREMENT

(For Awards paid by DFAFS only)

YES __________ NO

If the yes block is checked, the recipient of this award must report his allowable expenditures to DFAFS Document Number.

### 7. REMARKS:

The IMPACT funds awarded in this notice can only be drawn from sub-account 19!IMPACT

HHS-640T

2/14/2019